

FILED SEP 6 1955

STANDARD CERTIFICATE OF DEATH

25972

State File No.

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Willow Springs</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <u>Rt. 1 Cabool, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Willow Springs General</u>			
3. NAME OF DECEASED a. (First) <u>LUCINDA</u>		b. (Middle)	c. (Last) <u>SWAFFORD</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>
8. DATE OF BIRTH <u>MAY 2, 1903</u>		9. AGE (In years last birthday) <u>52</u> Months <u>3</u> Days <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Carter County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Lambert</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Yates</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Swafford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter Swafford</u>		ADDRESS <u>Rt. 1, Cabool, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>OCCCLUSION, CORONARY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>OCCCLUSION, CORONARY HEALING</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7/15, 1955</u> , to <u>8/21, 1955</u> , that I last saw the deceased alive on <u>8/21, 1955</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. J. B. Lewis</u>		23b. ADDRESS <u>Willow Springs, MO.</u>	
23c. DATE SIGNED <u>8/25/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>AUG 21, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>House Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>8/27/55</u>		REGISTRAR'S SIGNATURE <u>Marceline Ballard</u>	
377		25. GENERAL DIRECTOR'S SIGNATURE <u>Coleman</u>	
		ADDRESS <u>Van Buren, MO</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

☐ Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 454

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.